



State of New Jersey

**DEPARTMENT OF BANKING AND INSURANCE
LEGISLATIVE AND REGULATORY AFFAIRS**

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**HOLLY C. BAKKE
Commissioner**

**DESIGNATION BY INTERESTED PARTY OF ADDRESS FOR
RECEIPT OF RULEMAKING PROPOSALS, GENERAL
ORDERS, BULLETINS AND PUBLIC NOTICES**

Name of person or entity:

_____ I would like to begin receiving documents by e-mail.

E-MAIL ADDRESS: _____

_____ I do not have access to the Internet. Please continue to provide copies by regular mail. I have noted any necessary changes to my address above.

_____ I am no longer interested in receiving copies in any form.

TOPICS OF INTEREST (PLEASE CHECK ALL THAT APPLY)

_____ All Issues	_____ Life Insurance
_____ Automobile Insurance	_____ Managed Care
_____ Health Insurance	_____ Producer Licensing
_____ HINT/HIPAA	_____ Property and Casualty Insurance
_____ Homeowners Insurance	_____ Self-Insurance/Pools/JIFs
_____ Life and Health Insurance	_____ Surplus Lines Insurance

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CONTACT PERSON TO WHOM QUESTIONS CAN BE ADDRESSED:

NAME: _____

PHONE: () _____

E-MAIL ADDRESS: _____
(if different from above)

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